Address:

Section A
Required Client Information:
Company: USS Corporation Mt. Iron, MN 55768 Email: P.O. Box 417 Section B
Required Project Information:
Report To: Tom Moe Purchase Order #:
Project Name: 1 Copy To: NPDES-LINE 3 WKly - 600 CHAIN-OF-CUSTODY / Analytical Request Doc REPRESENT DOC SET OF Section C Address:
Pace Quote:
Pace Project Manager: Section C Invoice Information: Company Name: Attention: heather.zika@pacelabs.com.

													ITEM #				Request						
															WS-003 THICKENER OVERFLAND	WS-003 Thickner Overflow	WS-002 Scrubber Make-Up	Wipe Air Other Tissue	ANTRIX CODE  Driving Water WY Waste Water WY Waste Water WY Waste Water WY Porcluct Solfsolid St. One Character per box. All PLE ID One Character per box. All PLE ID One AR			Requested Due Date: Project #:	i es
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## Pace Analytical\*

## Document Name:

## Sample Condition Upon Receipt Form

Document No.:

Document Revised: 23Feb2015 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office F-VM-C-001-Rev.09

Sample Condition Upon Receipt	Client Name:											
Courier:	Fed Ex	□UPS □Pace	USPS		Client			::12 				
Tracking Number:				' <del></del>	·	-	12893	12:				
Custody Seal on Coo	ler/Box Present?	□Yes 🔎	Νο	Seals	Intact?	Yes	□No	Optional:	Proj. Due	Date:	Proj.	Name:
Packing Material:	Bubble Wrap	Bubble Ba	gs 📈	lone [	Other:_	·			Temp Blan	ık? 🔎	ves .	□No
Thermometer Used:	140792808		Type of	Ice:	Wet	□Blue	Non	ne 🎞 Sar	nples on ice.	cooling to	rncer	s has begun
Cooler Temp Read * Temp should be above	e freezing to 6°C (	Cooler Temp Co Correction Fact	orrected °	c: 1 3_	.3 Date ar	nd Initials	Bi s of Perso	iological Tissi n Examining				No INA
Chain of Custody Pre	·· · · · · · · · · · · · · · · · · · ·			□No	□N/A	1.						
Chain of Custody Fille		<u>-</u>	Mes	□No	□n/a	2.		<del></del>	·····			
Chain of Custody Reli			Yes	□No	□n/a	3.						
Sampler Name and S		-· <u>-</u>	_ <b>∠</b> Yes	□No	□N/A	4.						
Samples Arrived with			Yes	No	N/A	5.		·		<u> </u>	··	
Short Hold Time Ana	······································		Yes	No_	□N/A	6.		·				
Rush Turn Around Ti	me Requested?	··	Yes	.[]No	N/A	7.		·····		<del></del> -	·	
Sufficient Volume?	<u> </u>		<b>☑</b> Yes	[]No	□N/A	8.		·	_ <del></del> .			
Correct Containers U			Yes	□No	□N/A	9.						
-Pace Containers L	Jsed?		Yes	□No	N/a	ļ	·					
Containers Intact?	· · · · · · · · · · · · · · · · · · ·		1 Yes	□No	□n/a	10.						
Filtered Volume Rece		sts?	Yes	□No	□N/A	11. No	ote if sedin	nent is visible	in the dissolv	ed contain	ners.	
Sample Labels Match	COC?		Yes	□No	□n/a	12.						
-Includes Date/Tim	e/ID/Analysis Mate	ix:	1				<del></del>					1
All containers needing checked and docume			Ves	□No	□n/a		H log fo mentati	or results : ion	and addit	ional p	reser	vation
Headspace in Methyl	Mercury Container		Yes	□No	₹ N/A	13.						
Headspace in VOA Via	als ( >6mm)?		Yes	∏No	ÆN/A	14.						
Trip Blank Present?			Yes	□No	ØN/A.	15.	·	,				
Trip Blank Custody Se Pace Trip Blank Lot # (			Yes	□No	J⊒r√/A				•			
CLIENT NOTIFICATION/RESOLUTION  Person Contacted:  Date/Time:												
Comments/Re	esolution:											
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FECAL WAIVER ON FILE Y N . TEMPERATURE WAIVER ON FILE Y N												
Project Manager Revi	ew: <u>40</u>	Lller	$\mathcal{A}$	$\omega$		1	Date:	1171	10			

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)